



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD, FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963 FAX: 502-564-4687



Recertification / Relicensure Application

Check the box for the Certification/license reapplying for:

<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Instructor, Level I, II, III
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Fill in all Blanks:

Social Security Number: _____ Certification/License Number: _____ Exp. Date: _____

Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma? ☐ Yes ☐ No GED Certificate? ☐ Yes ☐ No

Other Education: _____

Is your current primary Employment EMS related? ☐ Yes ☐ No Occupation: _____

Name of Company _____ Contact Person _____

Street _____ City _____ State _____ Zip Code _____

Work Phone Number: _____ Fax Number: _____

All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you ever been convicted of a misdemeanor or DUI? No _____ Yes _____
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Have you ever been in default on any school loans? No _____ Yes _____
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as an First Responder, EMT, Paramedic, Registered Nurse or Physician been restricted, revoked, denied, suspended or expired? No _____ Yes _____
7. Have you at any time had any instructor certifications restricted, revoked, suspended or expired? No _____ Yes _____
8. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No _____ Yes _____
9. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No _____ Yes _____

If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statement, if applicable.



10. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No_____ Yes_____



Section I: complete only if currently working for a Emergency Service or Medical Director

Date: _____

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